

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>7-19-05</u>		2 Serial/Patent # <u>10/521096</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/>	Filing		\$ <u>100</u>							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>100</u>								
		8 TO BE REFUNDED BY:								
		Treasury Check								
		Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">2</td> <td style="width: 20px;">7</td> <td style="width: 20px;">2</td> </tr> </table>		5	0	--	3	2	7	2
5	0	--	3	2	7	2				
10 REASON:										
<input checked="" type="checkbox"/>	Overpayment									
<input type="checkbox"/>	Duplicate Payment									
<input type="checkbox"/>	No Fee Due (Explanation):									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Paralegal Specialist</u>								
SIGNATURE: <u>John Anderson</u>		PHONE: <u>7/305-9140 ext 211</u>								
OFFICE: <u>PCT DO/EO</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: